

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: Louisiana

Citation

4.14 Utilization Control

42 CFR 431.630
42 CFR 456.2
50 FR 15312

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

☒ Directly.

1902(a)(30)(C)
and 1902(d) of the
Act, P.L. 99-509
(Section 9431)

☐ By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--

- (1) Meets the requirements of §434.6(a);
 - (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
 - (3) Identifies the services and providers subject to PRO review;
 - (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
 - (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.
- ☐ Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designated under 42 CFR Part 462.

STATE	<u>LA</u>	A
DATE REC'D	<u>JAN 05 1989</u>	
DATE APP'D	<u>JAN 17 1989</u>	
DATE EFF	<u>OCT 01 1988</u>	
HCFA 179	<u>88-22</u>	

1902(a)(30)(C)
and 1902(d) of the
Act, P.L. 99-509
(Section 9431)

☐ By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

TN No. 88-22
Supersedes
TN No. 87-31

Approval Date JAN 17 1989

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Revision: HCFA-PM-85-3
MAY 1985

State: Louisiana

OMB. NO. 0938-0193

Citation 4.14
42 CFR 456.2
50 FR 15312

(b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Supart C for:

All hospitals (other than mental hospitals).

Those specified in the waiver.

X No waivers have been granted.

STATE	<u>LA</u>	A
DATE REC'D	<u>DEC 31 1985</u>	
DATE APP'D	<u>FEB 4 1986</u>	
DATE EFF	<u>OCT 1 1985</u>	
HCFA 179	<u>85-33</u>	

TN No. 85-33 Approval Date FEB 4 1986 Effective Date OCT 1 1985
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TN No. 76-8

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

State: Louisiana

OMB NO. 0938-0193

Citation 4.14
42 CFR 456.2
AT-78-90

(c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

____ All mental hospitals.

____ Those specified in the waiver.

X No waivers have been granted.

STATE	<u>LA</u>	A
DATE REC'D	<u>DEC 31 1985</u>	
DATE APPV'D	<u>FEB 4 1986</u>	
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HCFA 179	<u>85-33</u>	

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MAY 1985

State: Louisiana

Citation
42 CFR 456.2
AT-78-90

4.14

(d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

OMB NO. 0938-0193

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

All skilled nursing facilities.

Those specified in the waiver.

X No waivers have been granted.

STATE <u>LA</u>	A
DATE REC'D <u>DEC 31 1985</u>	
DATE APPV'D <u>FEB 4 1986</u>	
DATE EFF <u>OCT 1 1985</u>	
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MAY 1985

State: Louisiana

OMB NO. 0938-0193

Citation
42 CFR 456.2
AT-78-90

4.14 (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

____ Facility-based review.

____ Direct review by personnel of the medical assistance unit of the State agency.

____ Personnel under contract to the medical assistance unit of the State agency.

____ Utilization and Quality Control Peer Review Organizations.

____ Another method as described in ATTACHMENT 4.14-A.

X Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.

____ Not applicable. Intermediate care facility services are not provided under this plan.

STATE <u>LA</u>	A
DATE REC'D <u>DEC 31 1985</u>	
DATE APPV'D <u>FEB 4 1986</u>	
DATE EFF <u>OCT 1 1985</u>	
HCFA 179 <u>85-33</u>	

TN No. 85-33 Approval Date FEB 4 1986 Effective Date OCT 1 1985
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MARCH 1987

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State/Territory: Louisiana

Citation
1902(a)(30)
and 1902(d) of
the Act,
P.L. 99-509
(Section 9431)

☒ 4.14 (f) The Medicaid agency meets the requirements of section 1902(a)(30) of the Act for control of the utilization of services furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

☒ A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☒ A private accreditation body.

STATE <u>LA</u>	A
DATE REC'D <u>JUL 6 1987</u>	
DATE APP'D <u>JUL 30 1987</u>	
DATE EFF <u>See HCFA-179</u>	
HCFA 179 <u>87-24</u>	

TN No. 87-24

Supersedes

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Effective Date See HCFA-179

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